

Footprint Analysis for Jamaica Plain Campus VA Boston Healthcare System

VA Boston Healthcare System
Jamaica Plain Campus
150 South Huntington Avenue
Jamaica Plain, MA 02130

The Jamaica Plain Campus of the VA Boston Healthcare System, initially constructed as a 1,000 bed hospital in 1955, is located on 16 acres of land in the heart of Boston's Longwood Medical Community.

Access: The site is accessed directly from South Huntington Avenue and Heath Street. It is approximately .5 mi from Route 9, 3 miles from Route 3 (Southeast Expressway), and approximately 2.5 miles from the Mass Pike/Route 90 (Allston exit). The subject is near the final stop of the MBTA Green Line subway line and is located adjacent to a MBTA bus stop.



Summary Evaluation

Of the 10 structures/buildings with approximately 948,958 GSF of space located on the Jamaica Plain Campus, there are limited opportunities to consolidate clinical/administrative/research programs into fewer buildings for operational savings and to maximize EU lease potential. During the VA Valuation Study of the Jamaica Plain Campus that was conducted in the fall of 2002, only 2 buildings (Buildings 4 and 9) were identified for potential alternate use. Specifically, it was noted that Building 9 could be leased and Building 4 could be demolished to provide additional parking. Construction of additional parking garages in areas now occupied by surface parking was also suggested as a means to maximize the enhanced use potential of the property.

Based on further evaluation of program needs and patient safety concerns, the residential care program currently located on Ward 7C in Building 1 (currently the only patient occupied area in Building 1 during WHEN hours) will be relocated to Building 4 (a single-story building) in lieu of demolition of the building for additional parking. It should be noted that many areas listed as "vacant" include space in the basement areas such as the former dietetics kitchen located in the central core of Building 1 which would require extensive renovation for alternative uses, and would have limited potential for enhanced use. A limited amount of space in Building 1 could also have potential for enhanced use/enhanced sharing potential once the programs from the Causeway Street Clinic (Boston OPC) are relocated from leased space (approximately 33,000 SF) to Building 1 in FY05.

It is also noted that space for several "Centrally Funded Programs" based at the Jamaica Plain Campus were not taken into consideration when assessing the "vacant space" available. Approximately 31,000 SF is occupied by the following "Centrally Funded Programs": the National Center for PTSD (Behavioral Health and Women's Health Sciences), Technical Advisory Program, and GRECC (Research & Education component).

Alternative 1 reflects the relocation of the Causeway Street Clinic (Boston OPC) to the Jamaica Plain Campus resulting in the elimination of leased space (33,000 SF) in downtown Boston by March 2005. This alternative also reflects the relocation of all VA programs (except for the child care center) from Building 9 to Building 1 resulting in the potential to lease approximately 34,471 SF of space in Building 9 to generate approximately \$758,362 in revenues (based on current market survey of \$22/SF). The marketability of this space is somewhat affected by the lack of dedicated parking spaces that could be made available to potential tenants. Space in Building 1 would also be utilized for enhanced use as projected workload begins to decline (e.g. 2016) and additional vacant space becomes available.

Alternative 2 reflects the consolidation of all inpatient and outpatient programs from both the Bedford facility and the VA Boston Healthcare System (Brockton, Jamaica Plain, and West Roxbury Campuses) to

one large medical complex located in metropolitan Boston. This proposal is based upon the need to construct modern, state-of-the-art facilities as well as eliminate duplication of programs and facilities by consolidating into one modern facility. The new facility is projected to include approximately 600 hospital beds and 476 nursing home care beds. An estimated 30 acres of land would be required to construct the 4M gross SF facility including both surface and garage parking facilities. Under this alternative, divestiture of the Bedford VAMC and the three campuses of the VA Boston Healthcare System would be planned once the new facility is activated. If approved, the earliest the new hospital could be constructed is 2010.

For cost comparison purposes, the five cost scenarios reviewed as part of the Bedford realignment analysis, which includes Bedford, Manchester, and the 3 main campuses of the VA Boston Healthcare System (Brockton, Jamaica Plain, and West Roxbury) are included in this analysis. The realignment proposal for the VA New England Healthcare System calls for the transfer of inpatient care from the Edith Nourse Rogers Memorial Veterans Hospital (Bedford). The following five cost scenarios were reviewed as part of this process: Status quo (no change to any VISN 1 facilities); VISN 1 Market Plan (reallocation of capital assets developed by the Network in April 2003 to meet the projected health care needs of veterans through FY 2022; Contract Care (contract all inpatient workload at VAMC Bedford to the private sector); Alternative 1: Expand enhanced use revenues at the Jamaica Plain Campus as well as the transfer of inpatient workload from VAMC Bedford to Brockton and Manchester; and Alternative 2: transfer all inpatient and outpatient workload from VAMC Bedford and from the VA Boston Healthcare System (Brockton, Jamaica Plain, and West Roxbury Campuses) to one large medical complex in the metropolitan area. Reallocation of workload, capital costs, and a summary of operating costs for Alternatives 1 and 2 are included in Attachment A.

Alternative 1 was selected as the preferred alternative since it would be the most cost effective viable alternative, and have the least overall impact of the alternatives considered (contract vs replacement hospital complex). EU potential at Jamaica Plain is maximized at 98,653 SF by 2022. All domiciliary and chronic inpatient care would be consolidated on one campus (Brockton) in the East Market; access to Brockton is near several major highway systems and is in close proximity to Providence and West Roxbury for referrals; and vacant space at Bedford could be used for enhanced sharing/lease revenue. Brockton would become a Center of Excellence for long-term care. An impact assessment of the various alternative strategies is included under the alternative analysis summary.

Facility Location and Neighborhood

The Jamaica Plain Campus of the VA Boston Healthcare System, initially constructed as a 1,000 bed hospital in 1955, is located on 16 acres of land in the heart of Boston's Longwood Medical Community (The original site area value of 20.64 acres has been reduced to 16.00 acres in accordance with information provided by onsite contacts regarding a recent survey of the site).

Access: The site is accessed directly from South Huntington Avenue and Heath Street. It is approximately .5 mi from Route 9, 3 miles from Route 3 (Southeast Expressway), and approximately 2.5 miles from the Mass Pike/Route 90 (Allston exit). The subject is near the final stop of the MBTA Green Line subway line and is located adjacent to a MBTA bus stop.

Visibility: The site has good visibility from South Huntington Avenue and Heath Street.

Potential uses: Several alternative uses are possible. These include multifamily residential (mid- to high-rise), medical office or research, senior housing, or office. Building 9 (4 stories, 40,000 SF) has the most potential for enhanced use. Building 4 (1 story, 6,000 SF) could be demolished for possible increase in parking.

Subdivision Potential: Construction of additional parking garages would free some areas now occupied by surface parking, although high usage would require any new parking to include allocation consistent with the proposed use of any new development. Presence of sub-surface ledge is evident, which may create economic constraints to the development of the site.

Description of neighborhood surrounding the Medical Center:

Direction	Description
North	Mixed: Residential (single and multi-family) and Commercial (office, local retail, some light industrial). Several hospitals/medical related complexes within .5 mi of subject to the north.
East	Mixed: Residential (single and multi-family) and Commercial (office, local retail, some light industrial).
South	Mixed: Residential (single and multi-family) and Commercial (office, local retail, some light industrial).
West	Mixed: Residential (single and multi-family) and Commercial (office, local retail, some light industrial)

Neighborhood Development: Approximately 76-100% of the neighborhood land has been developed. The neighborhood land uses are mixed, but residential, medical, and local commercial dominate. The average overall physical condition of neighborhood properties is average to good, with noticeable variation within some quadrants.

Campus Overview

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The recently opened \$28 million dollar Ambulatory Care Center serves as a hub for tertiary ambulatory services. This campus' specialized services include Audiology, ambulatory day surgery, CAT scanning, MRI, PET (near future), specialized aphasia treatment, radiation therapy, multi-disciplinary pain center, and an eye center providing argon laser therapy of retino-vascular diseases, CO2 and Yag laser treatment of cancer and Argon and Yag laser treatment of eye diseases, and vitrectomy. Medical and Mental Health services located at this campus also include substance abuse, neuropsychology, and nuclear medicine. The National Center for Post Traumatic Stress Disorder (a Clinical Center for Excellence), the Women's Health Sciences Center, the Comprehensive Women's Health Center (a Center for Excellence), the Persian Gulf War Program, and many other special programs are available to meet gender specific needs, as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf Syndrome or Agent Orange exposure.

Research is an integral part of the VA's mission and plays a key role in enhancing the health care services provided to the Massachusetts veteran population. With approximately \$30 million in direct research costs annually, the Brockton, West Roxbury and Jamaica Plain facilities combined have one of the largest and most active research programs in the VA System nation-wide. The three facilities are currently all participating in a major research effort on diabetes funded through the Department of Defense, with the Joslin Clinic. There are also several programs in the area of Rehabilitation Research and Development, as well as Health Services Research and Development at VA BHS. VA BHS is a member of COBTH, the "Conference of Boston Teaching Hospitals" and was recognized as the largest contributor of research in their portfolio. The Jamaica Plain Campus, in conjunction with the Boston Outpatient Clinic, has research projects on hemostasis, aphasia, language and memory disorders, post traumatic stress disorder and infectious diseases, among others. In addition, the Jamaica Plain has an extremely active Environmental Hazards Resource Program and conducts numerous studies in collaboration with the Department of Defense. Investigators at both the Brockton and the Jamaica Plain Campuses are participating in geriatrics research, as well as a major VA investigation of Gulf War veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center (MAVERIC), the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and a National Center for PTSD.

Programs at Jamaica Plain that Serve as a Network Resource

- AIDS/HIV Center
- Ambulatory Surgery (approximately 69% of all surgeries at the VA Boston Healthcare System are performed using the new state-of-the-art ORs at the Jamaica Plain Campus)
 - All ambulatory surgery is performed at Jamaica Plain (over 5,000 procedures/year)
- Aphasia Treatment
- Audiology and Speech Laboratory (only facility in MA with this capability)
- C&P Exams (the majority of C&P exams are performed at Jamaica Plain)
- CT Scan (2)
- Dental
 - 70% of all dental workload is performed at Jamaica Plain
 - 30% of all dental workload is performed at Brockton
- Dialysis
 - All outpatient dialysis is performed at Jamaica Plain
- Electroconvulsive Therapy (ECT)
- Eye Center (optometry and ophthalmology)
 - Argon laser therapy of retino-vascular diseases
 - Argon and Yag laser treatment of eye diseases
 - Vitrectomy
- GI (all outpatient GI procedures are performed at Jamaica Plain)
- GRECC
- Huntington House (the only lodging facilities for the VA Boston Healthcare System)
- Mammography (only resource in the East Market)
- MRI
- National Center for Post Traumatic Stress Disorder (a Clinical Center for Excellence)
- Neurology Clinics
- Oncology
- Persian Gulf War Program
- Physical Medicine & Rehabilitation Clinics (over 60% of workload is performed at Jamaica Plain)
- Pre-Admission Testing Unit (specialized unit which supports both the inpatient and outpatient surgical programs for the VA Boston Healthcare System)
- PET Scanner
- Primary Care (Jamaica Plain has 3 primary care teams vs 1 each at West Roxbury and Brockton)
 - In FY02, Jamaica Plain had the largest outpatient visit volume (199,780 visits) of all VA Boston Healthcare System locations
 - In FY02, Jamaica Plain had the largest number of unique outpatients (32,372 outpatient uniques) of all VA Boston Healthcare System locations
- Prosthetics/Orthotics (centralized laboratory)
- Radiology Center (PACS)
- Radiation Therapy/Linear Accelerator (2 magnets)
- Substance Abuse (outpatient)
- Women's Health Sciences Center (A Clinical Center for Excellence)

Buildings and Structures

There are a total of 10 structures/buildings with approximately 948,958 GSF of space located on 16 acres of land in the Jamaica Plain section of Boston. In addition, there are three (3) VA-owned residential care houses (PRRTP Houses) located in the community, a 2-floor parking structure, and leased space (33,000 GSF) in downtown Boston (Causeway Street OPC). Brief descriptions of the buildings/structures located on-Campus are as follows:

Building	Function Title	# Flrs	GSF	Description
1	Main Hospital	15	695,587	The main hospital, constructed in 1952 includes a sub-basement (79,663 GSF), basement (68,079 GSF), and 17 floors (note that a total of 12,176 GSF on the 15 th - 17 th floors is mainly mechanical space). It is also noted that the basement contains 14,024 GSF of space for nutrition/dietetics and canteen storage/cold room (some of which is excess to our needs). Space in the basement and sub-basement however is in poor condition and would need extensive renovation for alternative use.
1A	Research	4	44,189	Research space (mostly wet-labs) constructed in 1971.
1B	MRI	1	10,065	MRI Building constructed in 1987 supporting outpatient clinics and ambulatory surgery
1F	Amb. Care Addition	4	115,245	Ambulatory Care Addition was constructed in 2000, which supports primary and specialty care clinics and 8 operating rooms. Space includes basement storage + 3 patient care floors.
2	Huntington House	6	21,372	30-bed "Hoptel" facility serving the VA Boston Healthcare System. Building was constructed in 1952 and renovated in 2002.
4	Research/Admin.	1	7,874	Single-story building constructed in 1953 used for MDRC research offices. Research will move to renovated swing space on 12C in Building 1 by DEC 2003. Residential program currently located on 7C (Building 1) is targeted to occupy this building in FY04.
5	Boiler Plant	1	5,168	Structure constructed in 1952
7	Maintenance/Research	1	8,311	Structure constructed in 1952. Approximately 4,000 GSF of this space is utilized as ARF.
9	Admin/Research	5	50,752	Constructed in 1927 and renovated in 1993. This 4-story building (with basement) is located on the far end of the Campus, and includes 3,300 GSF of space on the 1 st floor outleased to a Child Care Center. Space in the basement of this building does not lend itself for enhanced use potential due to environmental and facility assessment conditions.

Current/Planned Utilization of Space (reference vertical space charts)

Building One

- All inpatient beds have been moved from Jamaica Plain. One ward still houses the SARRPT program, whose patients do spend the night in the facility. Plans are being finalized to move this program to Building 4 within the next Fiscal Year. There are currently several construction projects underway that will be completed within six to nine months. The floor-by-floor chart that is attached reflects the configuration that will result from these construction projects. The VACANT areas are highlighted with a white background.
- Floors 11-14 have been dedicated to research activities. The active research programs at the VA BHS continue to thrive and additional space is likely to be needed in the near term. We have consolidated most research activities to these top four floors but there is additional research (Dr. Rizzo's eye research on the 8th floor and small pockets moving into the 9th floor as well).
- The 10th floor includes Employee Education, Fiscal, Acquisition, Nursing, and Human Resources administrative offices as well as Patient Services and the Pharmacy distribution center.
- On the 9th floor, we have Hematology/Oncology clinics, chemotherapy treatment rooms, Quality Management and administrative offices on the D wing and the A wing. The C wing houses a variety of offices including union offices, the CWT program offices, Fee Basis staff offices, Safety Program offices and others. The recent move of the Pulmonary Staff to West Roxbury has left the B wing vacant for now. Research staff currently occupying leased space will be moving to a portion of this ward soon.
- The 8th floor consists of eye clinics and eye research and will soon provide a new home for the audiology and speech pathology programs.
- Chronic Dialysis is located on the 7th floor along with the SARRPT. IRM and audiology and speech pathology will soon leave the 7th floor D wing and that space will be available to accommodate some of the Causeway Street clinics if they move to Jamaica Plain.
- There are several specialty clinics, including orthopedics and GU, operating on the 6th floor as well as neurology service offices and clinics. GI offices and consult rooms also reside on the 6th floor, one floor above the endoscopy suites.
- The endoscopy and cystoscopy suites and supporting offices are located on the 5th floor. The vacated operating rooms on the 5th floor serve as the SPD storerooms and Environmental Management has offices and storage on 5 as well. Engineering Service offices and the Project Section are located on the C wing.
- All the Mental Health offices and clinics are being consolidated on the 4th floor to provide an integrated operational environment and enhance the interface among all Mental Health programs. Rehabilitation Medicine clinic areas also occupy one wing (E) on the 4th floor.
- The 3rd floor is populated by a variety of programs. The Canteen food court, dining rooms and retail store are all on the 3rd floor as is the Chapel and Voluntary Service. IRM, surgical service offices, the credit union and the executive offices fill the remainder of the floor.
- Radiology, Laboratory and Dental fill all the space on the 2nd floor.
- The 1st floor contains specialty clinics, police operations, patient advocate, a satellite Canteen food service operation, the outpatient pharmacy, a blood drawing lab, several clinic support offices, the transportation offices, waiting rooms, employee health and the pharmacy cache.
- In the basement, there are prosthetics offices, the supply warehouse, the engineering shops, the kitchen, the linen room, the prosthetics labs and clinics, the mailroom, the correspondence offices, medical media and the large conference room.
- The sub-basement contains storage space and mechanical space.

Building 1A (Ambulatory Care Addition)

- This \$28M ambulatory care addition was opened three years ago. It is a modern, state-of-the-art ambulatory care center. There are three floors and a basement. The top floor houses operating rooms and a recovery area plus waiting space. Floors one and two contain exam rooms for outpatient clinics. Radiology and MAS file storage areas are located in the basement.
- The Ambulatory Care Addition is connected to the main building (building 1) on all four levels. It has its own mechanical systems, however, including central air conditioning. There are no

support services or space for such services located in this building. Lab, radiology, IRM, police, SPD, transportation services, mailroom and all other services required to support an outpatient clinic are in the main building and there is no space to provide these or any other services within the Ambulatory Care Addition.

Building 2 (Huntington House)

- Huntington House is a five-story building adjacent to the main building. It provides lodging for patients traveling long distances to access care and services at Jamaica Plain or West Roxbury that require an overnight stay. It has a capacity of 30 patients (and family members) and generally operated at or near capacity. Patients referred to JP or WR from other VISN 1 facilities use the services of Huntington House. Those in need of radiation therapy, eye surgery and a variety of ambulatory surgical procedures performed at JP are among the patient who utilize this facility.

Building 4

- The Management Decision Research Center currently occupies this one-story building but the space is inadequate for their needs. They will be moving into renovated space on the 12th floor of building 1 shortly. Plans have been developed to relocate the SARRPT to building 4 after it is renovated.

Building 9

- This 4-story building was purchased and renovated as administrative space in the early "90s. It currently houses a child day care center on a portion of the first floor (3,300 SF) as well as some research programs that are scheduled to move into Building 1 in the next several months. If/when the Causeway Street OPC moves to Jamaica Plain, space in this building could be available to accommodate any administrative functions that may have to be moved from Building 1 in order to provide space for the clinics from Causeway Street.
- Approximately 34,471 SF of space in Building 9 (10,000 SF/floor on the 2nd - 4th floors plus 4,471 SF on the 1st floor) could be leased via enhanced use/enhanced sharing. The current "market value" for business use is approximately \$22/SF. Estimated revenue that could be generated would be approximately \$758,362. The marketability of this space is somewhat affected by the lack of dedicated parking spaces that could be made available to potential tenants.

Vertical Space Chart: VA Boston Healthcare System: Jamaica Plain Campus

BUILDING 1 - WINGS							
FLR	"F"	"A"	"B"	"C"	"D"	"E"	FLR
18				Mechanical Space			18
17		Mechanical Space	Mechanical Space	Mechanical Space			17
16		Mechanical Space	Mechanical Space	Mechanical Space	Mechanical Space	16	
15		Mechanical Space	Mechanical Space	Mechanical Space	Mechanical Space	15	
14		Elevators, MH Conference Room	National Center for Womens PTSD	Mental Health Admin	Mental Health Admin	14	
13		Elevators	National Center for PTSD	"MAVERIC" - R&D	"MAVERIC" - R&D	13	
12		Elevators, Research Offices	National Center for PTSD	MDRC (Mgmt Decision Res Ctr) - R&D	Aphasia - R&D	12	
11		Elevators, R&D Administration	R&D Administration and BVARI	GRECC and Normative Aging Studies - R&D	GRECC and MDRC (Memory Disorders Res Ctr) - R&D	11	
10		Elevators, A&MMS, Fiscal Service Offices and Conference Room	Nursing Administration Education and Business Office	Business Office	Business Office, Pharmacy Admin	10	
9		Elevators, Hem/Onc Conference Room and Offices	VACANT	Fee Basis, Variety of Admin Offices	Hematology/Oncology Clinics and Chemotherapy	9	
8		Elevators, Optometry	Optometry, Eye Research - R&D	Ophthalmology Admin and Eye Clinic	Audiology & Speech Pathology	8	
7		Elevators, Renal Clinic	Dialysis, Renal Admin, Infectious Diseases, Exam Rooms	VACANT	VACANT	Mechanical Space	7
6		Elevators, Surgical Offices	GI Offices and Consult Rooms	Specialty Clinics (Orthopedics and GU)	Neurology Admin and Clinics	Neurology Waiting and Clinics	6
5		Elevators, Endoscopy, Urology Admin and Cystology Suite	Cystology Suite, Endoscopy Suite	Engineering Service Admin and Projects	GU Offices, EMS Admin, SPD and Storage	SPD Storage	5
4			Mental Health Admin and Clinics	Mental Health Admin and Clinics	Mental Health Admin and Clinics	Tech Assmt Prog (CO), Mental Health Offices, Mental Health Admini	RMS - Kiniseotherapy/Physical Therapy and Exercise Room
3	Ambulatory Surgery Suite (PACU, StepDown and ORs)	Elevators, Food Court Entrance, Eucuristic Chapel, Credit Union	IRM, Canteen Storage	Executive Offices	Food Court, Public Restrooms, ENT Admin, Retail Store	Main Chapel, Canteen Office and Storage, Voluntary and Recreation Admin	3
2	Waiting/Check-In, PC (Blue & Green), and Medical Specialty Clinics	Elevators, Assessioning	P&LMS, Clinical Engineering	Dental Service	Radiology Service - Admin and X-Ray	Radiology Service - Admin and X-Ray	2
1	Entrance, Waiting, Lobby, UC , C&P PAT, Podiatry and ADTC Clinics	Elevator Lobby, VA Café	ENT, Vascular Lab, Minor Surgery	Womens Health Clinic Suite, Primary Care Admin, Police & Security Service	OP Pharamcy, Waiting, Travel, Veterans Services, Patient Rep, Escort	Pharmacy Catche, Employee Health	1
B	MAS File Room/Radiology File Room	Elevators, Mechancial and Utility Rooms	F&N Kitchen, Engineering Shops, EMS Linen Room Authorized Personnel Only	P&SA Lab and Clinic, IRM, Mailroom	Correspondence, Medical Media, P&SA Offices	P&SA Offices, Warehouse	B
SB		Storage, Mechanical Rooms	Storage, Mechanical Rooms	Storage, Mechanical Rooms	Storage, Mechanical Rooms	Storage, Mechanical Rooms	SB

Vertical Space Chart: VA Boston Healthcare System: Jamaica Plain Campus (Continued)

OTHER BUILDINGS										
FLR	BLDG. 1A	BLDG. 1B	BLDG. 1C	BLDG. 2	BLDG. 3	BLDG. 4	BLDG. 5	BLDG. 7	BLDG. 9	FLR
5				Huntington House					Mechanical Rooms	5
4				Huntington House					Vacant Space	4
3				Huntington House	Parking Deck		Boiler Plant		Vacant Space	3
2				Huntington House	Parking Deck		Boiler Plant		Vacant Space	2
1	Clinical Research/Wet Labs	MRI	Linear Accelerator	Huntington House	Parking Deck	SARRPT	Boiler Plant	Anim. Cages(R&D) Motor Pool (Eng)	Day Care/Vacant Space	1
B	Clinical Research/Linear Accelerator	Storage		Storage			Boiler Plant/Steam Tunnel		Storage, Mechanical Rooms	B

VERTICAL CHART KEY

Administrative

Inpatient

Leased Space

Other

Outpatient

Research & Development

Storage/Mechanical

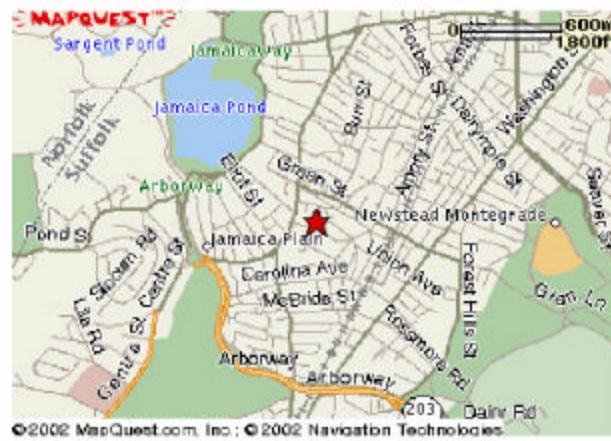
Support (Facility)

Support (Patient)

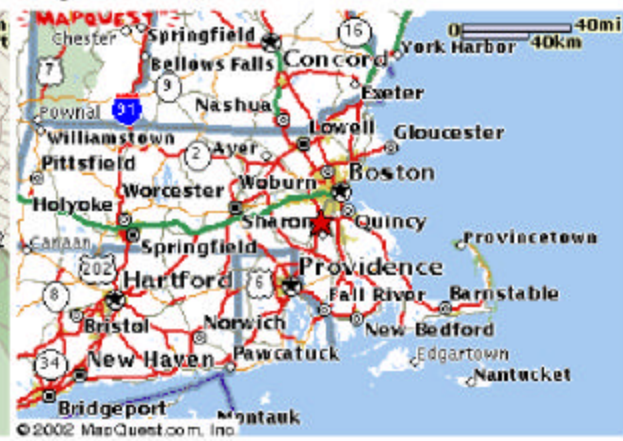
Vacant

VA Boston Healthcare System: Jamaica Plain Campus

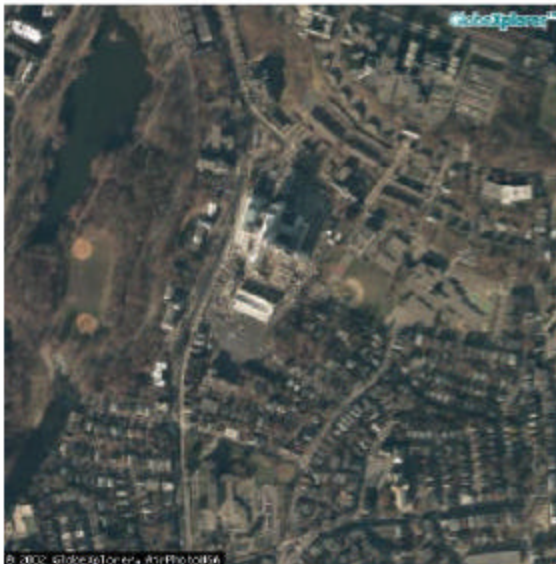
Context Map:

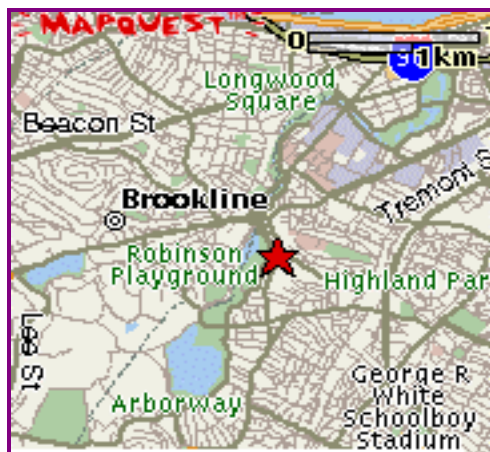
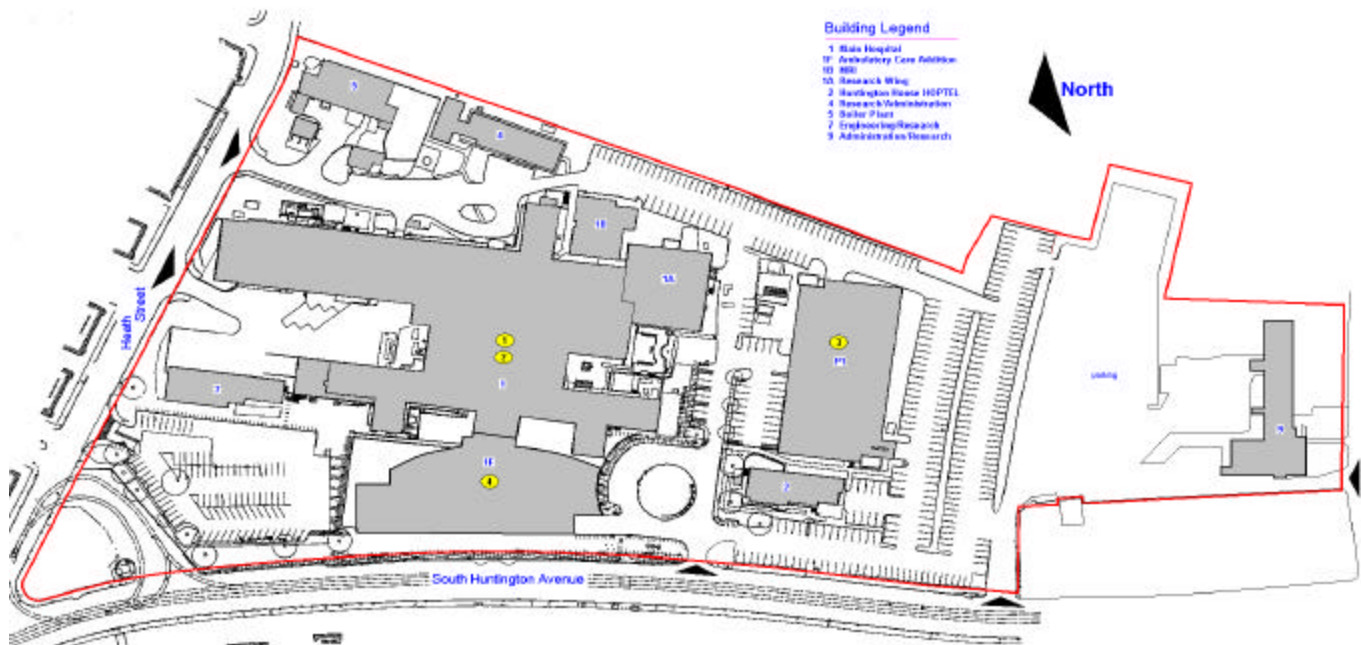


Regional Map:



Site Aerial:





Context Map

VISN: 1 / VA New England HCS

Mission: Ambulatory Care

Uniques: 21,545 in FY 2002

Affiliations: Harvard, Boston U, Tufts

VBA: RO in downtown FedBldg.

NCA: no presence

Other Programs: -

Address: 150 South Huntington Avenue, Boston, MA 02130

Acreage:	VHA	NCA	Available	Outleased	Total
	15.8	0	0	0	15.8*

* VAMC Boston also owns a 2 acre downtown PRRTTP site.

Buildings:	Existing	Historic	HiRisk Seism	Vacant	Avg Age SF
	10	0	0	0	44.5

Gross Sq Feet	Existing	Projected	Vacant	Out-Leased	In-Leased
	957,406	542,043	21,353	3,780	121,979

Initiatives:	Complete	Scope	Cost	Funded
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Maiores:	1983	Secondary Electrical	\$2.3m	\$2.3m
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	1992	Life Safety Fix	\$7.9m	\$7.9m
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	1997	New Parking Deck	\$3.2m	\$3.2m
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	2000	AmbCare/Clinical Add.	\$32.5m	\$32.5m
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Identification of Space to be Eliminated (Step 1A)

VISN 1 - Jamaica Plain (Boston)								Alternative 1 - EU Building 9		Alternative 2 - New Boston Facility, EU JP Campus	
Bldg	Function Title	Yr Built	Floors	Historic ?	Seismic Status	Existing GSF	Vacant GSF	Maintain Building? Y/N	Demo / Divest / EU	Maintain Building? Y/N	Demo / Divest / EU
L1	Lowell OPC					27,230		Y		Y	
X1	PRRTP Houses (3)		1			8,000	-	Y		N	DIVEST
P1	Parking Garage	1997	2					Y		N	DIVEST
L2	Causeway OPC		1			25,480	-	N	DONATE	N	DIVEST
1F	AmbCare Addition	2000	4			97,896	-	Y		N	DIVEST
1B	MRI	1987	1		Exempt	5,604	-	Y		N	DIVEST
1A	Research	1971	4		Non-Exempt	8,609	-	Y		N	DIVEST
1	Main Hospital	1952	16		Non-Exempt	540,467	21,353	Y		N	DIVEST
2	Huntington House	1952	6		Non-Exempt	19,138	-	Y		N	DIVEST
4	Research/Administration	1952	1		Exempt	7,874	-	Y		N	DIVEST
5	Boiler Plant	1952	1		Non-Exempt	4,908	-	Y		N	DIVEST
7	Maintenance/Research	1952	1		Exempt	8,311	-	Y		N	DIVEST
9	Admin/Research	1927	5		Exempt	38,353	-	N	EU	N	DIVEST
									Acres avail		Acres avail

Determination of Vacant Space (Step 1B)

VISN 1 - Jamaica Plain (Boston)							
2022	SF reserved vacant	SF to be demolished	SF to be divested	SF to be outleased	SF to be donated	EU building SF	EU acres with no buildings
Market Plan	72,504	-	-	3,300	38,000	38,629	-
Alt # 1	25,000	-	-	3,300	25,480	98,653	-
Alt # 2	-	-	791,095	-	-	-	-

Describe Alternatives:	
Alt # 1 EU Building 9	Alternative 1 frees up Building 9 for Enhanced Use Lease opportunities beginning in FY2005, and has additional EU opportunities starting in 2016 as Specialty Care and Primary Care clinic space is freed up.
Alt # 2 New Boston Facility; EU Jamaica Plain Campus	Alternative 2 closes the four Boston facilities (Jamaica Plain, West Roxbury, Brockton, Bedford) and builds a new facility in the downtown area to accommodate all workload in a modern facility. The closed campuses will be divested.

Bedford Realignment Analysis

(Alternative 1 includes the expansion of space for enhanced use lease at Jamaica Plain campus as well as the realignment of inpatient services at Bedford to Brockton and Manchester. Alternative 2 involves the complete closure of Jamaica Plain, Bedford, Brockton and West Roxbury. Because the alternatives impact multiple facilities, the impact of the alternatives at Jamaica Plain have to be reviewed across all facilities.)

Reallocation of Workload

VISN 1 - Bedford VAMC								
Alternate # 1 Shift Workload to Brockton and Manchester					The first alternative requires new construction at Brockton and renovation of existing space at Manchester for nursing home care. A new SCI unit is currently planned at Brockton and this additional construction could be added to that major project. This alternative moves 76 inpatient acute psychiatry, 240 NHCU and 40 domiciliary beds to Brockton and 30 NHCU beds to Manchester. 41 PR RTP beds will be provided in the community at the Crescent Building in Lowell, with oversight of the program moved to Brockton. A limited amount of related primary care and mental health outpatient workload would be transferred to Brockton to support the inpatient programs.			
Workload or Space Category	2001 ADC	Baseline Wkld (beds, stops)	2012 Projected Wkld (beds, stops)	2022 Projected Wkld (beds, stops)	% to be transferred	Year to begin transfer	Receiving Facility Name	Receiving Facility % contract ed out
Domiciliary	38	40	40	40	100.0%	2007	Brockton	
Interm Med/NHCU	444	467	467	467	93.6%	2007	Brockton	45%
Interm Med/NHCU	444	467	467	467	6.4%	2005	Manchester	
Psychiatry	99	117	115	108	65.0%	2005	Brockton	
Psychiatry	99	117	115	108	35.0%		Brockton (Crescent Bldg, Lowell)	
Mental Health		116,064	116,802	114,299	4.0%	2007	Brockton	
Primary Care		32,127	72,785	56,135	1.0%	2007	Brockton	
Research SPACE	\$8,261,117	N/A	N/A	N/A	100.0%	2007	Brockton	

VISN 1 - Bedford								
Alternate # 2 New Boston Facility - Close 4 Boston VAMCs					(Bedford, Jamaica Plain, West Roxbury and Brockton) and transfers all inhouse workload to a new facility centrally located in the city of Boston. This alternative allows the four campuses to be used for enhanced use opportunities while constructing a modern medical center more suited to the current and projected veteran demographics and health care services over the next twenty years.			
Workload or Space Category	2001 ADC	Baseline Wkld (beds, stops)	2012 Projected Wkld (beds, stops)	2022 Projected Wkld (beds, stops)	% to be transferred	Year to begin transfer	Receiving Facility Name	Receiving Facility % contracted out
Ancillary/Diagnostic		44,735	66,462	54,538	100.0%	2010	New Boston Facility	
Domiciliary	38	40	40	40	100.0%	2010	New Boston Facility	
Inter Med/NHCU	444	467	467	467	100.0%	2010	New Boston Facility	37%
Medicine	1	1	1	1	100.0%	2010	New Boston Facility	
Mental Health		116,064	116,802	114,299	100.0%	2010	New Boston Facility	
Primary Care		32,127	72,785	56,135	100.0%	2010	New Boston Facility	
Psychiatry	99	117	115	108	100.0%	2010	New Boston Facility	
Specialty Care		17,713	65,354	52,936	100.0%	2010	New Boston Facility	

VISN 1 - Jamaica Plain								
Alternate # 2 New Boston Facility - Close 4 Boston VAMCs					(Bedford, Jamaica Plain, West Roxbury and Brockton) and transfers all inhouse workload to a new facility centrally located in the city of Boston. This alternative allows the four campuses to be used for enhanced use opportunities while constructing a modern medical center more suited to the current and projected veteran demographics and health care services over the next twenty years.			
Workload or Space Category	2001 ADC	Baseline Wkld (beds, stops)	2012 Projected Wkld (beds, stops)	2022 Projected Wkld (beds, stops)	% to be transferred	Year to begin transfer	Receiving Facility Name	Receiving Facility % contracted out
Ancillary/Diagnostic		100,014	141,282	121,493	100.0%	2010	New Boston Facility	
Inter Med/NHCU	54	57	57	57	100.0%	2010	New Boston Facility	91%
Medicine	9	10	19	14	100.0%	2010	New Boston Facility	
Mental Health		117,736	119,987	118,339	100.0%	2010	New Boston Facility	
Primary Care		101,610	138,674	105,033	100.0%	2010	New Boston Facility	
Psychiatry	14	17	14	9	100.0%	2010	New Boston Facility	
Specialty Care		133,876	162,249	129,917	100.0%	2010	New Boston Facility	
Research	\$35,389,337				100.0%	2010	New Boston Facility	

VISN 1 - Brockton								
Alternate # 2 New Boston Facility - Close 4 Boston VAMCs					(Bedford, Jamaica Plain, West Roxbury and Brockton) and transfers all inhouse workload to a new facility centrally located in the city of Boston. This alternative allows the four campuses to be used for enhanced use opportunities while constructing a modern medical center more suited to the current and projected veteran demographics and health care services over the next twenty years.			
Workload or Space Category	2001 ADC	Baseline Wkld (beds, stops)	2012 Projected Wkld (beds, stops)	2022 Projected Wkld (beds, stops)	% to be transferred	Year to begin transfer	Receiving Facility Name	Receiving Facility % contracted out
Ancillary/Diagnostic	44,735	66,462	54,538		100.0%	2010	New Boston Facility	
Domiciliary	71	75	75	75	100.0%	2010	New Boston Facility	
Interm Med/NHCU	207	218	218	218	100.0%	2010	New Boston Facility	33%
Medicine	4	4	7	6	100.0%	2010	New Boston Facility	
Mental Health		81,601	83,078	82,475	100.0%	2010	New Boston Facility	
Primary Care		30,529	50,851	39,299	100.0%	2010	New Boston Facility	
Psychiatry	140	164	156	145	100.0%	2010	New Boston Facility	
Residential Rehab	1	1	1	1	100.0%	2010	New Boston Facility	
Specialty Care		30,921	54,592	44,622	100.0%	2010	New Boston Facility	
Spinal Cord Injury	24	29	65	65	100.0%	2010	New Boston Facility	
Surgery	4	5	5	4	100.0%	2010	New Boston Facility	

VISN 1 - West Roxbury								
Alternate # 2 New Boston Facility - Close 4 Boston VAMCs					(Bedford, Jamaica Plain, West Roxbury and Brockton) and transfers all inhouse workload to a new facility centrally located in the city of Boston. This alternative allows the four campuses to be used for enhanced use opportunities while constructing a modern medical center more suited to the current and projected veteran demographics and health care services over the next twenty years.			
Workload or Space Category	2001 ADC	Baseline Wkld (beds, stops)	2012 Projected Wkld (beds, stops)	2022 Projected Wkld (beds, stops)	% to be transferred	Year to begin transfer	Receiving Facility Name	Receiving Facility % contracted out
Ancillary/Diagnostic		91,852	142,486	123,554	100.0%	2010	New Boston Facility	
Interm Med/NHCU	40	42	42	42	100.0%	2010	New Boston Facility	38%
Medicine	39	46	95	73	100.0%	2010	New Boston Facility	
Mental Health		9,526	9,912	9,774	100.0%	2010	New Boston Facility	
Primary Care		43,044	58,305	45,064	100.0%	2010	New Boston Facility	
Psychiatry	2	2	2	1	100.0%	2010	New Boston Facility	
Specialty Care		36,703	77,734	63,286	100.0%	2010	New Boston Facility	
Spinal Cord Injury*	13	15	15	15	100.0%	2010	New Boston Facility	
Surgery	33	39	54	41	100.0%	2010	New Boston Facility	

Capital Cost Summary**Years 2004-2022**

	Original Market Plan	Alt 1	Alt 2
Jamaica Plain (Boston)			
New Construction	\$0	\$0	\$0
Renovation	\$13,780,791	\$13,780,791	\$0
TOTAL	\$13,780,791	\$13,780,791	\$0
Bedford			
New Construction	\$0	\$0	\$0
Renovation	\$20,380,847	\$10,713,594	\$0
TOTAL	\$20,380,847	\$10,713,594	\$0
Brockton			
New Construction	\$26,550,227	\$53,946,978	\$0
Renovation	\$9,316,679	\$21,503,670	\$0
TOTAL	\$35,866,906	\$75,450,648	\$0
Manchester			
New Construction	\$3,073,991	\$4,544,016	\$3,073,991
Renovation	\$6,681,051	\$7,203,741	\$6,142,308
TOTAL	\$9,755,042	\$11,747,757	\$9,216,299
West Roxbury			
New Construction	\$27,196,931	\$27,196,931	\$0
Renovation	\$11,302,671	\$11,302,671	\$0
TOTAL	\$38,499,602	\$38,499,602	\$0
New Boston Medical Center			
New Construction	\$0	\$0	\$599,890,589
Renovation	\$0	\$0	\$0
TOTAL	\$0	\$0	\$599,890,589
Crescent Building			
New Construction	\$0	\$0	\$0
Renovation	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0

\$118,283,188

\$150,192,392

\$609,106,888

Operating Costs

10 29 2003 ReRun

Years 2004-2022

Life Cycle Costs 2004-2022

	Status Quo (Plus capital)	Original Market Plan	Alt 1	Alt 2
Jamaica Plain (Boston)	\$2,646,766,840	\$2,162,075,659	\$2,130,075,141	\$743,595,661
Bedford	\$1,828,859,544	\$1,666,866,461	\$815,902,257	\$539,640,280
Brockton	\$1,603,568,003	\$1,486,468,719	\$2,178,525,078	\$463,574,858
Manchester	\$1,206,659,179	\$1,196,251,765	\$1,238,981,328	\$1,195,713,023
West Roxbury	\$2,871,636,773	\$2,971,271,297	\$2,971,271,297	\$1,008,776,855
New Boston Medical Center	\$0	\$0	\$0	\$8,520,060,434
Crescent Building	\$0	\$0	\$101,497,860	\$0
TOTAL Life Cycle Cost	\$10,157,490,339	\$9,482,933,901	\$9,436,252,961	\$12,471,361,111

Net Present Value 2004-2022

	Original Market Plan	Alt 1	Alt 2
Jamaica Plain (Boston)	\$484,691,181	\$516,691,699	\$1,903,171,179
Bedford	\$161,993,083	\$1,012,957,287	\$1,289,219,264
Brockton	\$117,099,284	-\$574,957,075	\$1,139,993,145
Manchester	\$10,407,414	-\$32,322,149	\$10,946,156
West Roxbury	-\$99,634,524	-\$99,634,524	\$1,862,859,918
New Boston Medical Center	\$0	\$0	-\$8,520,060,434
Crescent Building	\$0	-\$101,497,860	\$0
TOTAL Net Present Value	\$674,556,438	\$721,237,378	-\$2,313,870,772

Original Data Run

	Status Quo (Plus capital)	Original Market Plan	Alt 1	Alt 2
Jamaica Plain (Boston)	\$2,646,766,840	\$2,140,154,644	\$2,108,154,126	\$610,721,819
Bedford	\$1,828,859,544	\$1,638,300,174	\$739,117,416	\$389,829,594
Brockton	\$1,603,568,003	\$1,447,908,372	\$2,163,353,648	\$321,461,857
Manchester	\$1,206,659,179	\$1,193,742,243	\$1,237,406,748	\$1,191,604,348
West Roxbury	\$2,871,636,773	\$2,970,303,196	\$2,970,303,196	\$930,190,858
New Boston Medical Center	\$0	\$0	\$0	\$8,520,060,434
Crescent Building	\$0	\$0	\$101,497,860	\$0
TOTAL Life Cycle Cost	\$10,157,490,339	\$9,390,408,629	\$9,319,832,994	\$11,963,868,910

Net Present Value FY2004-2022

	Original Market Plan	Alt 1	Alt 2
Jamaica Plain (Boston)	\$506,612,196	\$538,612,714	\$2,036,045,021
Bedford	\$190,559,370	\$1,089,742,128	\$1,439,029,950
Brockton	\$155,659,631	-\$559,785,645	\$1,282,106,146
Manchester	\$12,916,936	-\$30,747,569	\$15,054,831
West Roxbury	-\$98,666,423	-\$98,666,423	\$1,941,445,915
New Boston Medical Center	\$0	\$0	-\$8,520,060,434
Crescent Building	\$0	-\$101,497,860	\$0
TOTAL Net Present Value	\$767,081,710	\$837,657,345	-\$1,806,378,571

Comparison of Alternatives

VISN 1 - Boston VAMC				
Preferred alternative description and rationale:	Alternative 1 was selected as the preferred alternative since it would be the most cost effective viable alternative, and have the least overall impact of the alternatives considered (contract vs replacement hospital complex). EU potential at Jamaica Plain is maximized at 98,653 SF by 2022. All domiciliary and chronic inpatient care would be consolidated on one campus (Brockton) in the East Market; access to Brockton is near several major highway systems and is in close proximity to Providence and West Roxbury for referrals; and vacant space at Bedford could be used for enhanced sharing/lease revenue. Brockton would become a Center of Excellence for long-term care. An impact assessment of the various alternative strategies is included under the alternative analysis summary.			
	Status Quo	Original Market Plan	Alternate # 1	Alternate # 2
Short Description:	No change to VISN 1 facilities in the East Market. Current configuration of facilities is inadequate to meet the projected inpatient and outpatient demands of the veteran population through FY 2022.	Expansion of outpatient services at Jamaica Plain to meet peak year demand. Enhanced use lease of 38,629 SF by 2022.	Alternative 1 frees up Building 9 at Jamaica Plain for Enhanced Use Lease opportunities beginning in FY2005, and has additional EU opportunities starting in 2016 as Specialty Care and Primary Care clinic space is freed up. EU of 98,653 SF by 2022. Alt 1 also includes the Bedford inpatient realignment to Brockton and Manchester.	Alternative 2 closes the four Boston facilities (Jamaica Plain, West Roxbury, Brockton, Bedford) and builds a new facility in the downtown area to accommodate all workload in a modern facility. The closed campuses will be divested.
Total Construction Costs		\$118,283,188	\$150,192,392	\$609,106,888
Original Life Cycle Costs	\$10,157,490,339	\$9,390,408,629	\$9,319,832,994	\$11,963,868,910
New Life Cycle Costs	No Change	\$9,482,933,901	\$9,436,252,961	\$12,471,361,111
Impact on Access	The lack of enhanced capacity to meet the patient care demands of veterans would not address the current long waiting times and waiting lists.	No impact (Access standards met for Primary Care and Acute Care)	Access standards met for Primary Care based on provision of care at existing CBOCs. Access standards for Acute Care improve slightly. Although access will not be compromised to levels not meeting CARES criteria, access as defined by the veterans' population of this Market will. Despite sufficient public and private transportation throughout the East Market, practice patterns of the general population divides the market into three areas, Rhode Island, Southeastern MA and Northeastern MA. While commuting is common into the Greater Boston area for tertiary health care, major sporting and cultural events and other personal needs, it is not common for commuting between areas to occur for more common events (i.e. primary healthcare, ambulatory surgery, routine shopping, school events, etc.).	Access standards met for Primary Care based on provision of care at existing CBOCs. Access standards for Acute Care improve slightly. Although access will not be compromised to levels not meeting CARES criteria, access as defined by the veterans' population of this Market will. Despite sufficient public and private transportation throughout the East Market, practice patterns of the general population divides the market into three areas, Rhode Island, Southeastern MA and Northeastern MA. While commuting is common into the Greater Boston area for tertiary health care, major sporting and cultural events and other personal needs, it is not common for commuting between areas to occur for more common events (i.e. primary healthcare, ambulatory surgery, routine shopping, school events, etc.).

	Status Quo	Original Market Plan	Alternate # 1	Alternate # 2
Impact on Quality	The environment of care could impact quality of care. In addition, facilities would not have sufficient capacity to meet the projected demand, resulting in patient care delays.	Realignment of capital assets & planned initiatives to expand capacities to meet projected demand will reduce patient waiting times and access to care. Quality as measured by patient satisfaction, clinical practice guidelines and preventive measures would be enhanced.	Inpatient psychiatry, domiciliary, and nursing home care would be consolidated at one location with one standard of care.	The failing infrastructures of existing facilities would continue until a new facility is constructed.
Impact on Staffing & Community	No impact	Same as Status Quo	Commuting distance may be too great for some of the staff to accept transfers to the Brockton facility. Local government as well as local community groups have been not yet been involved in the development of the proposed replacement facility. It is anticipated that there will be significant opposition by all stakeholders (patients, staff, and political leaders). It is anticipated that there will be strong political pressures regarding the site location of the proposed facility. It is also anticipated that there would be a negative economic impact on the local community of Bedford.	Commuting distance may be too great for some of the staff to accept transfers from the Bedford and Brockton facilities. Local government as well as local community groups have been not yet been involved in the development of the proposed replacement facility. It is anticipated that there will be significant opposition by all stakeholders (patients, staff, and political leaders). It is anticipated that there will be strong political pressures regarding the site location of the proposed facility. It is also anticipated that there would be a negative economic impact on the local communities of Bedford, West Roxbury, and Brockton.
Impact on Research and Education	No impact	Research and education facilities will be renovated/expanded to meet projected demand. Ability to recruit and retain clinical staff will be enhanced.	Alternative 1 relocates the related research and education programs to the Boston Healthcare System. The planning provides for a relocation of the animal laboratories and other research space. The new space would meet the appropriate criteria for accreditation. It is anticipated new construction will enhance both the research and education programs.	New modern facilities located in downtown Boston on a single site for inpatient, outpatient, and research activities would greatly enhance both the research and education programs (current affiliates are located in Boston).

	Status Quo	Original Market Plan	Alternate # 1	Alternate # 2
Optimizing Use of Resources	Vacant space will not be utilized to its full potential.	Conversion of vacant space to meet the projected patient care demand through FY 2022 will be maximized.	Consolidation of inpatient psychiatry and domiciliary at Brockton would negate the need to renovate existing wards at Bedford. Expansion of 30 NHCU beds at Manchester would maximize the NHCU capacity at that facility. Revenues would be generated by leasing space from vacant inpatient wards at Bedford.	Provision of inpatient and outpatient care at a modern facility located on a single site would significantly improve staff and operational efficiencies by offering "one stop care" for veterans. Costs of transporting nursing home patients requiring hospitalization would be reduced. Duplication of services/equipment between campuses would be eliminated. Bedford, Brockton, Jamaica Plain, and West Roxbury Campuses could be sold to offset the cost of constructing a replacement facility.
Support other Missions of VA	No impact	Enhanced capacity would strengthen VA's National Emergency Response to include community support in response to regional disasters, national emergencies & DoD contingency planning.	Enhanced capacity would strengthen VA's National Emergency Response to include community support in response to regional disasters, national emergencies & DoD contingency planning.	Enhanced capacity would strengthen VA's National Emergency Response to include community support in response to regional disasters, national emergencies & DoD contingency planning.
Other significant considerations	Current configuration of facilities is inadequate to meet the projected inpatient and outpatient demands of the veteran population through FY 2022. Many patient care areas do not meet VA criteria regarding adequacy of space, accessibility, privacy and all applicable codes & VA standards regarding safety.	No impact	There has been significant opposition from the local community and politicians to eliminate inpatient beds from Bedford. Administrative and clinical consolidation of Bedford and the VA Boston Healthcare System could be facilitated.	Funding of the proposed mega-facility in Boston may not compete favorably with the needs and political influences elsewhere in the country. Availability and cost of land to build a replacement facility in the Boston area could be challenging. Political factors regarding site location and impact on local communities would likely delay approval process/funding.